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(54) **MICROWAVE SURFACE COAGULATOR WITH RETRACTABLE BLADE**

(71) Applicant: **COVIDIEN LP**, Mansfield, MA (US)

(72) Inventors: **Joseph D. Brannan**, Erie, CO (US);
Casey M. Ladtkow, Erie, CO (US)

(73) Assignee: **COVIDIEN LP**, Mansfield, MA (US)

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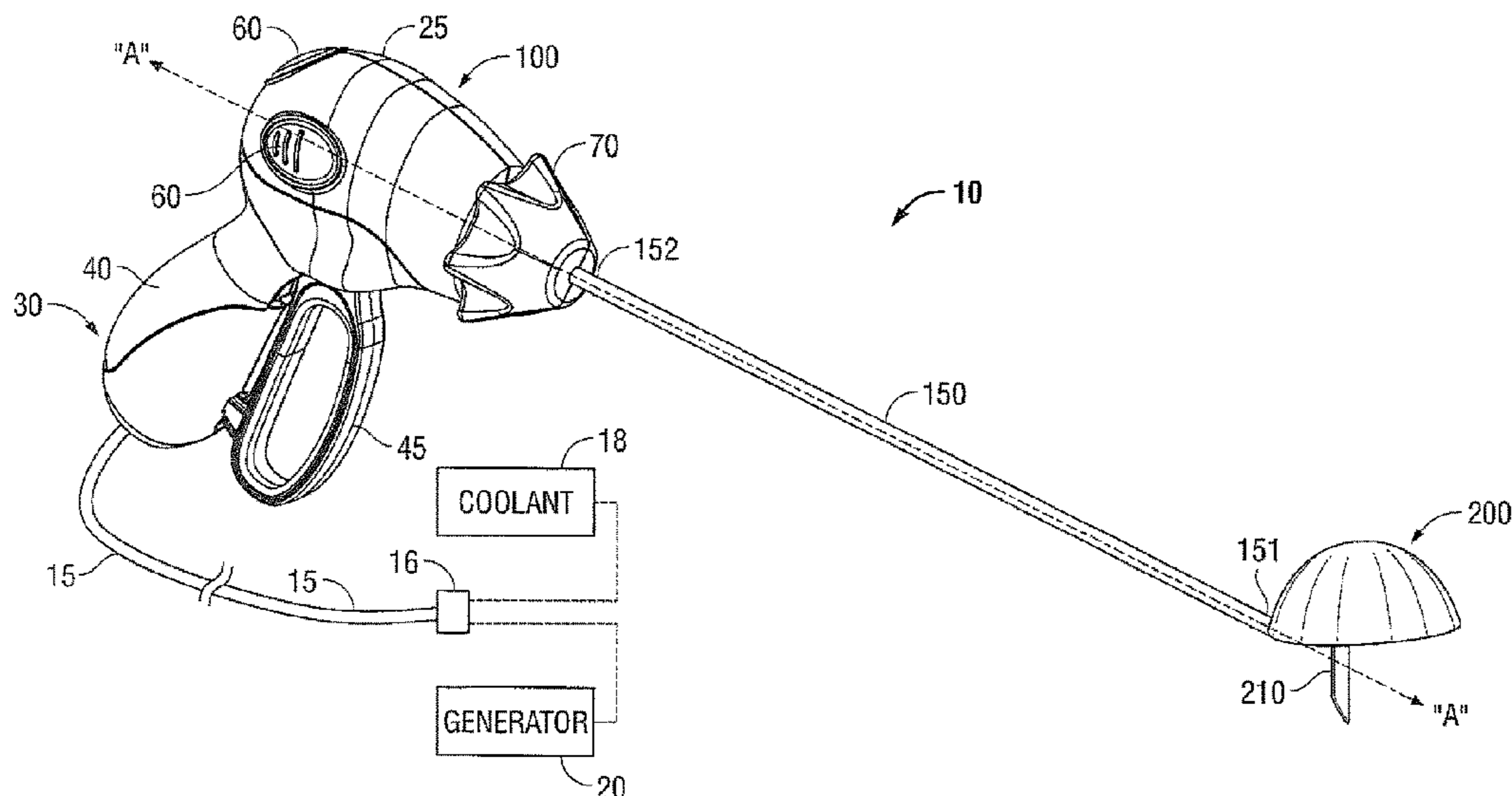
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(57) **ABSTRACT**

An ablation instrument having an ergonomic handle that includes an actuator adapted to selectively extend and retract a blade that is pivotably mounted within an aperture assembly coupled to the housing by a shaft. The shaft extends distally from the handle and includes a coaxial feedline, a wire conduit disposed along a longitudinal axis of the shaft, and a pull wire disposed within the wire conduit and having a proximal and a distal end, wherein a proximal end of the pull wire is operably coupled to the actuator. The aperture assembly is coupled to a distal end of the shaft and includes a reflector having a closed upper portion, and an open lower portion from which the blade may be extended for use. Also disclosed is an ablation system that includes the above-described ablation instrument, a source of ablation energy, and optionally, a source of coolant for cooling the shaft and aperture assembly.

18 Claims, 9 Drawing Sheets



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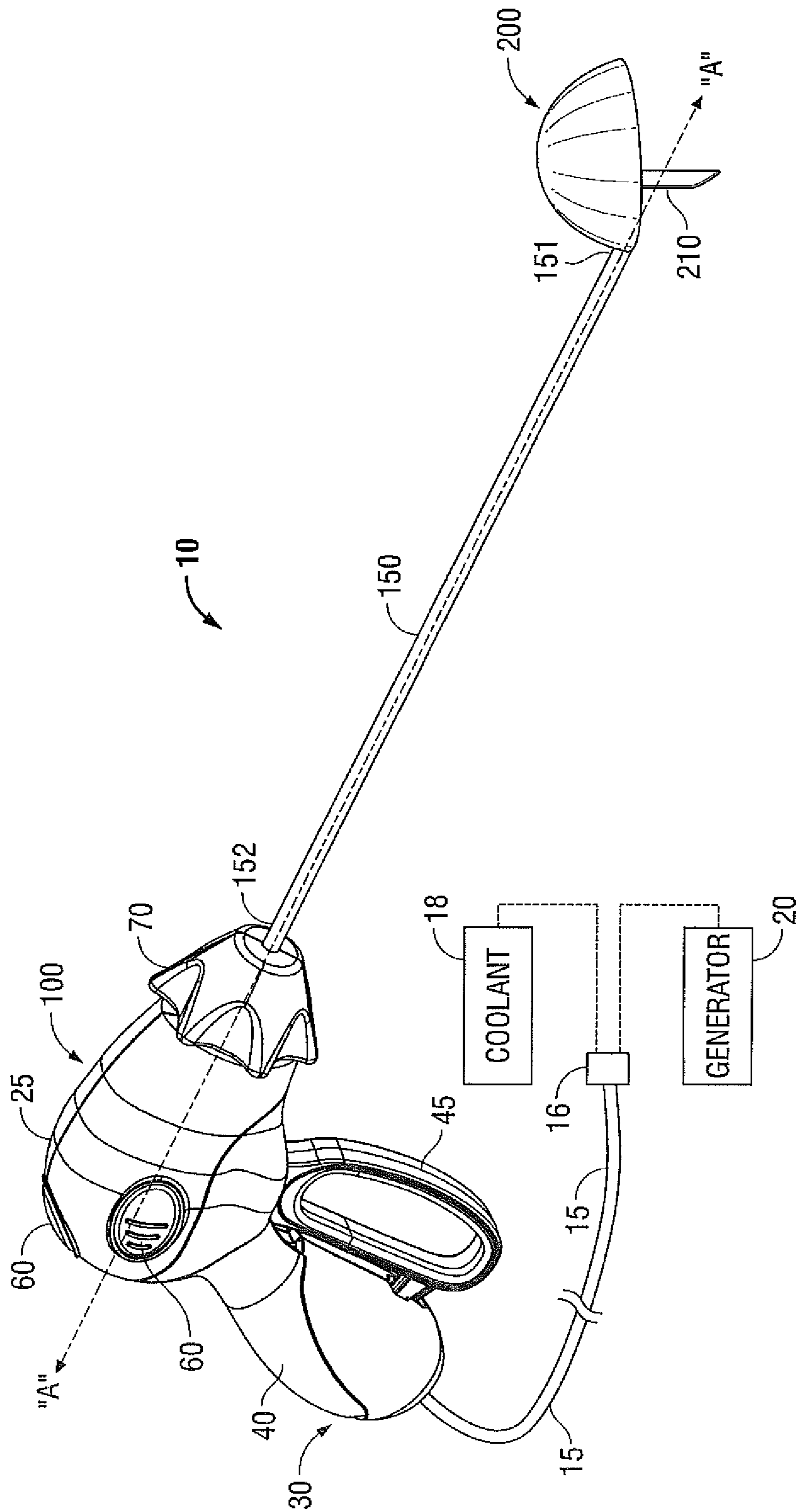
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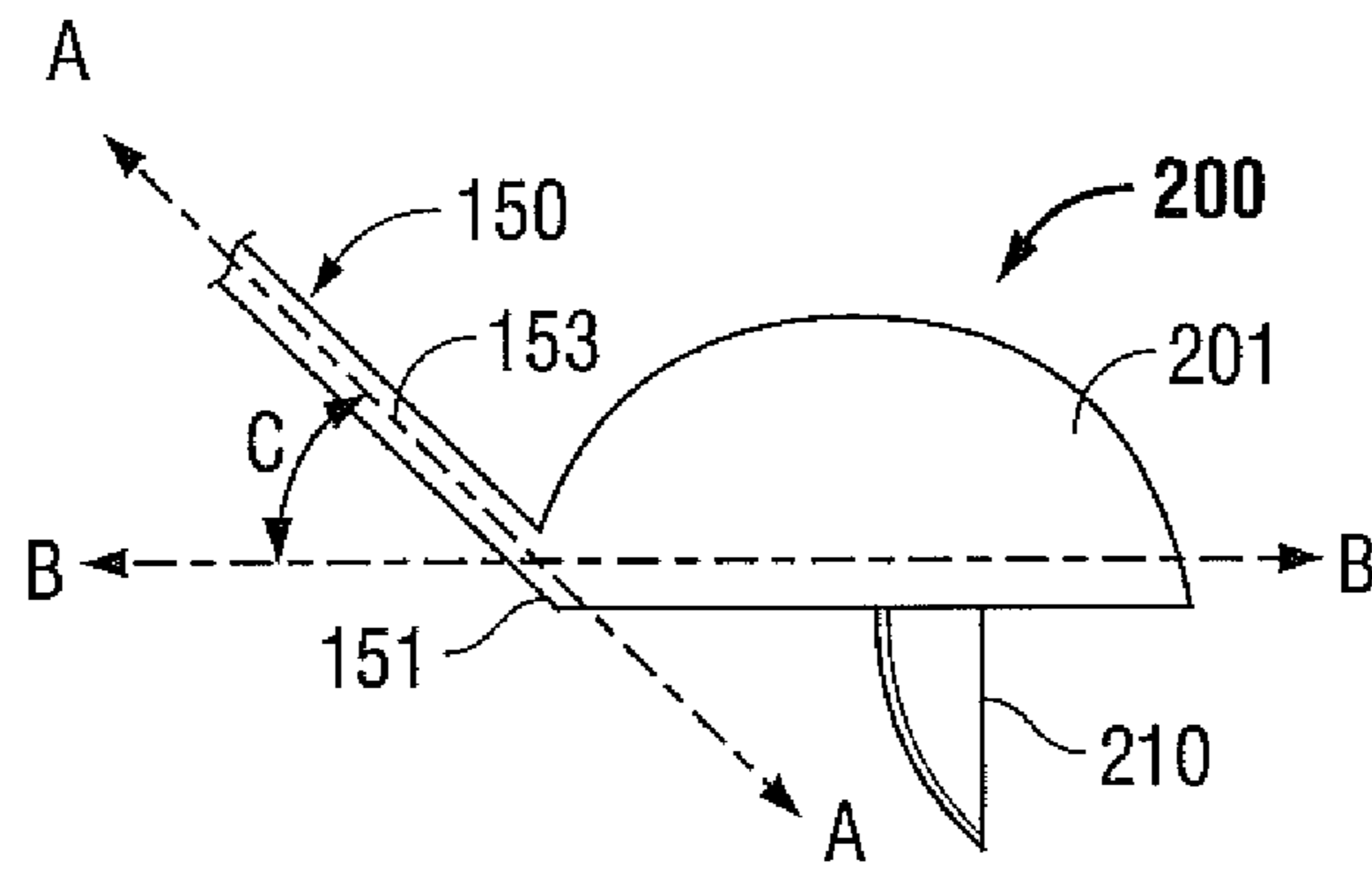


FIG. 2

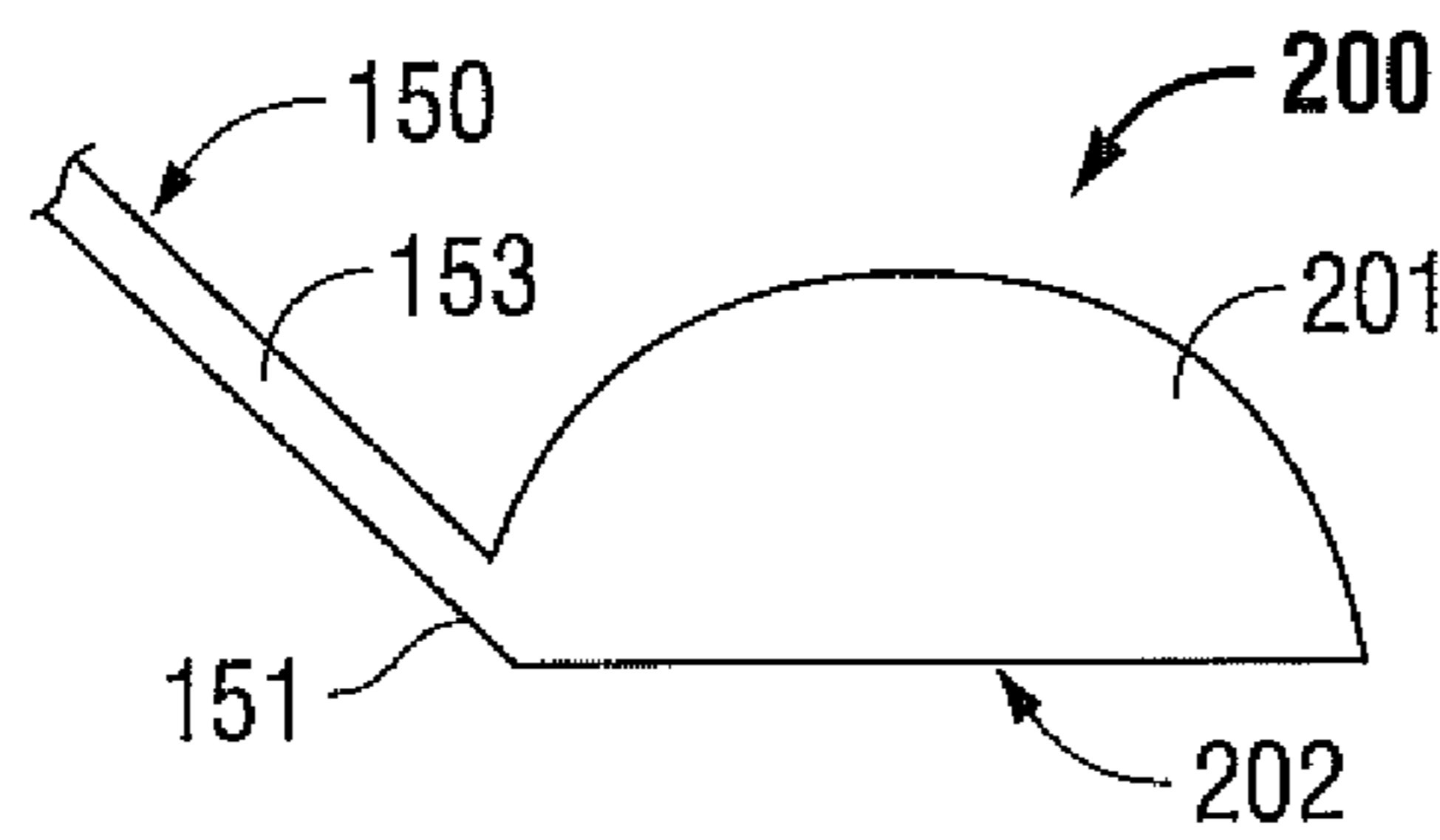


FIG. 3

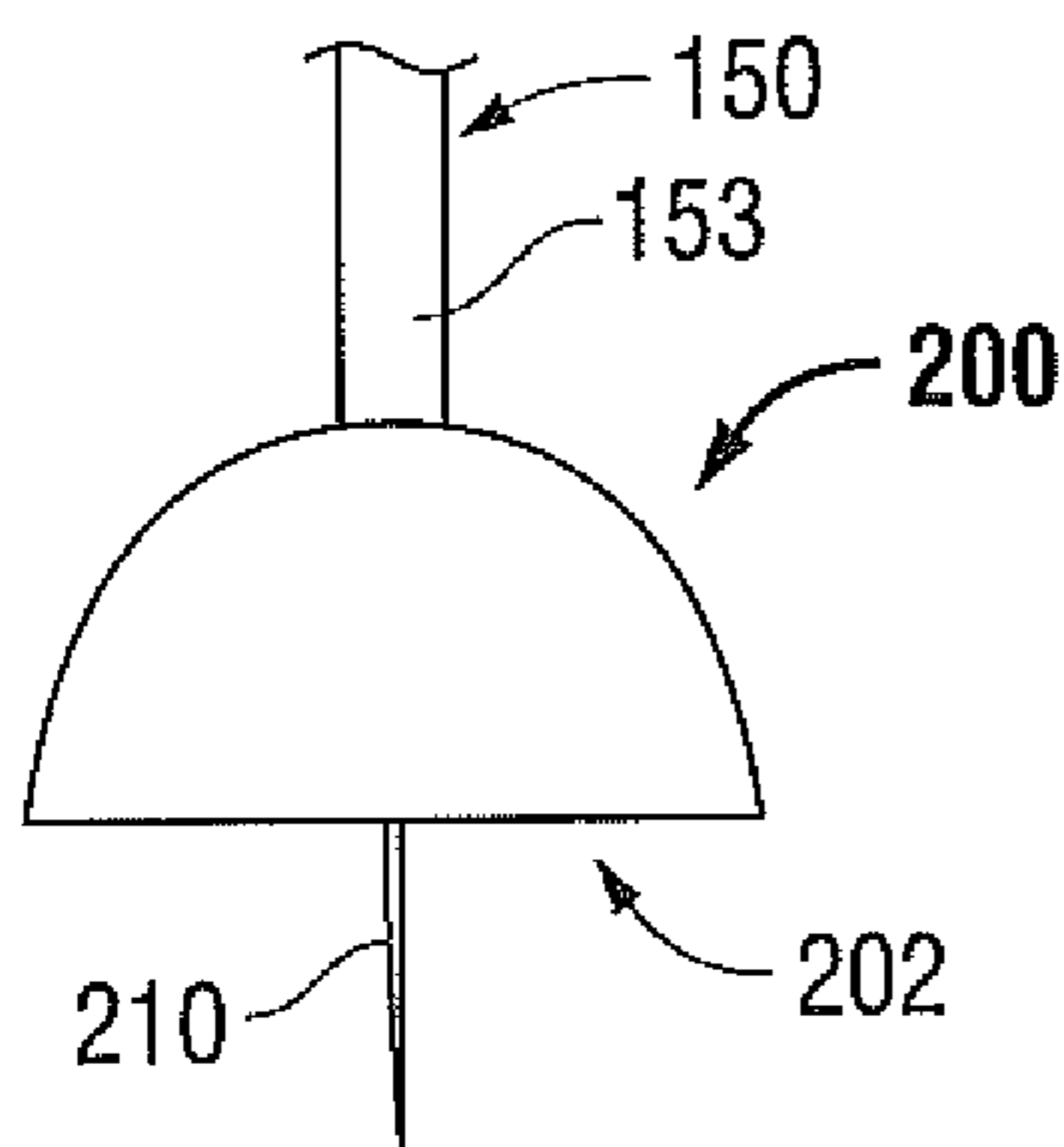


FIG. 4

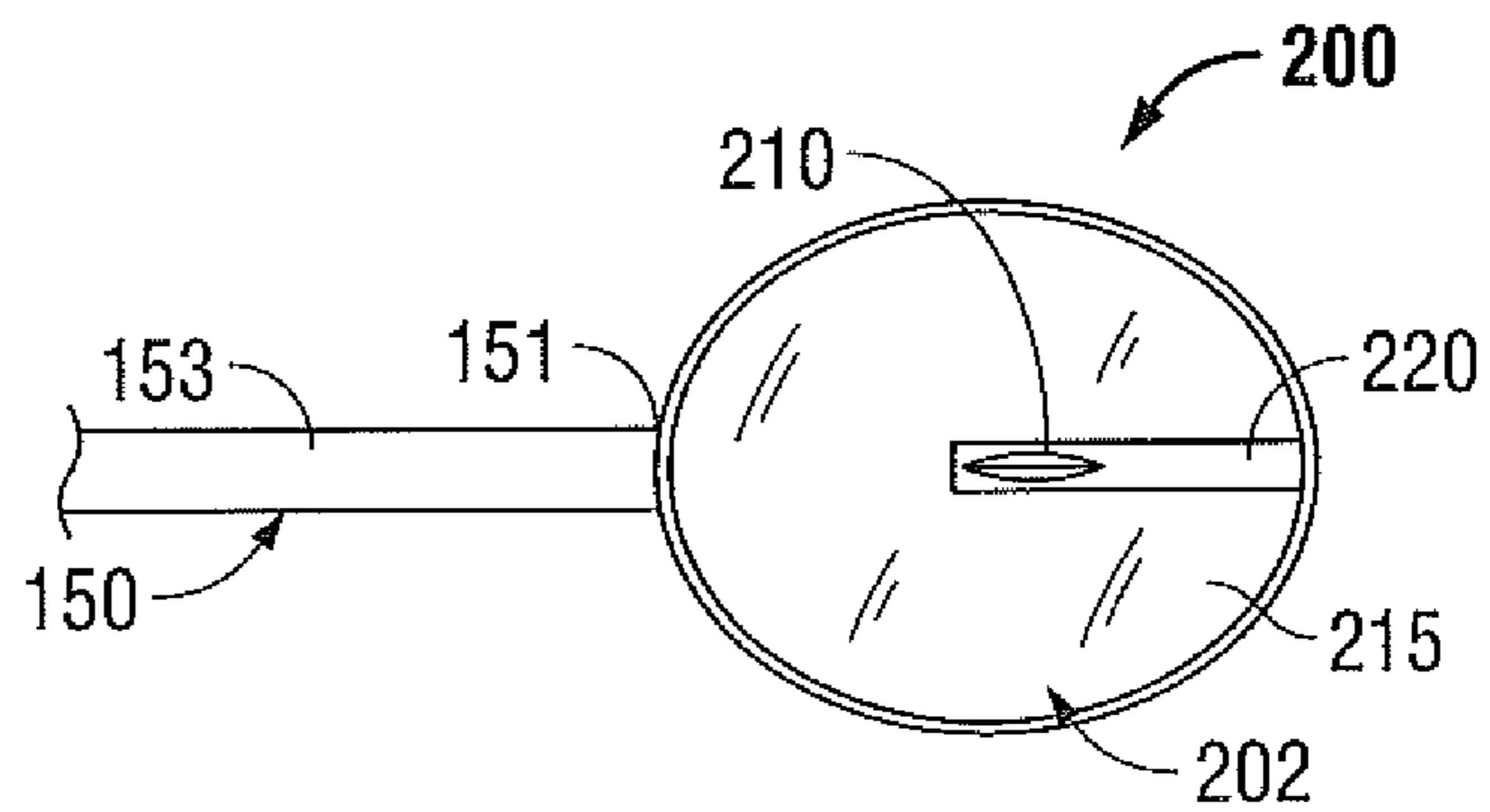


FIG. 5

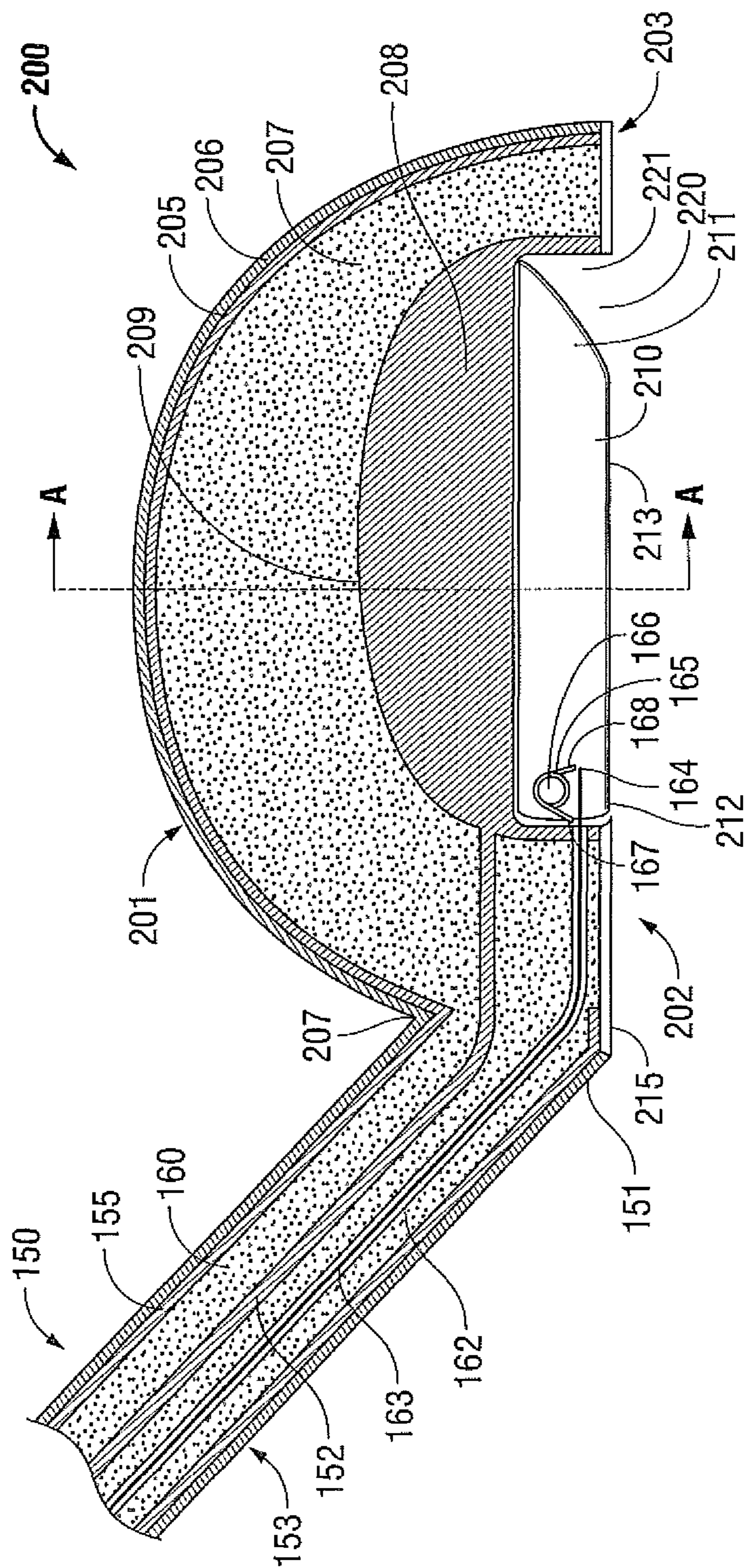


FIG. 6

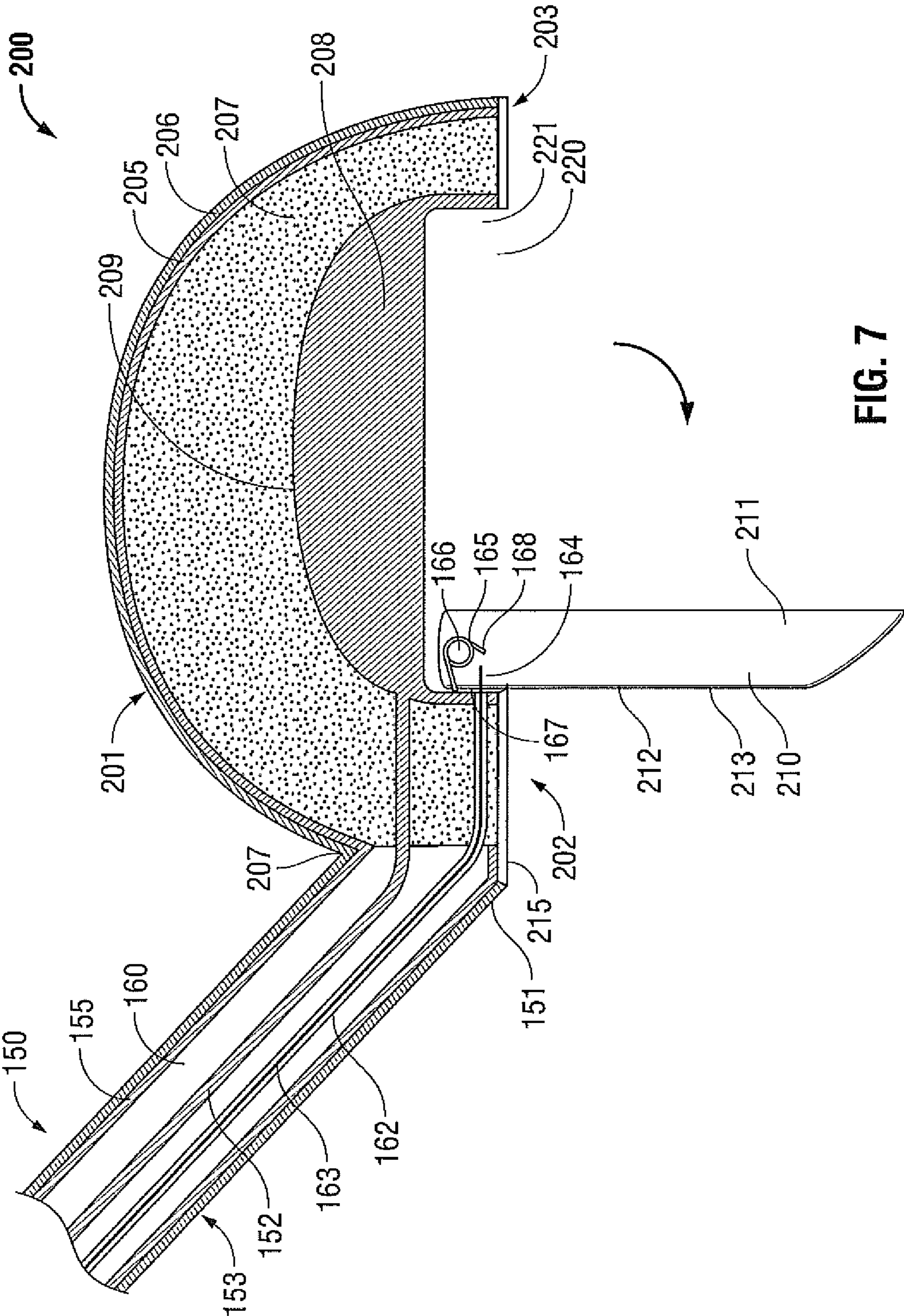


FIG. 7

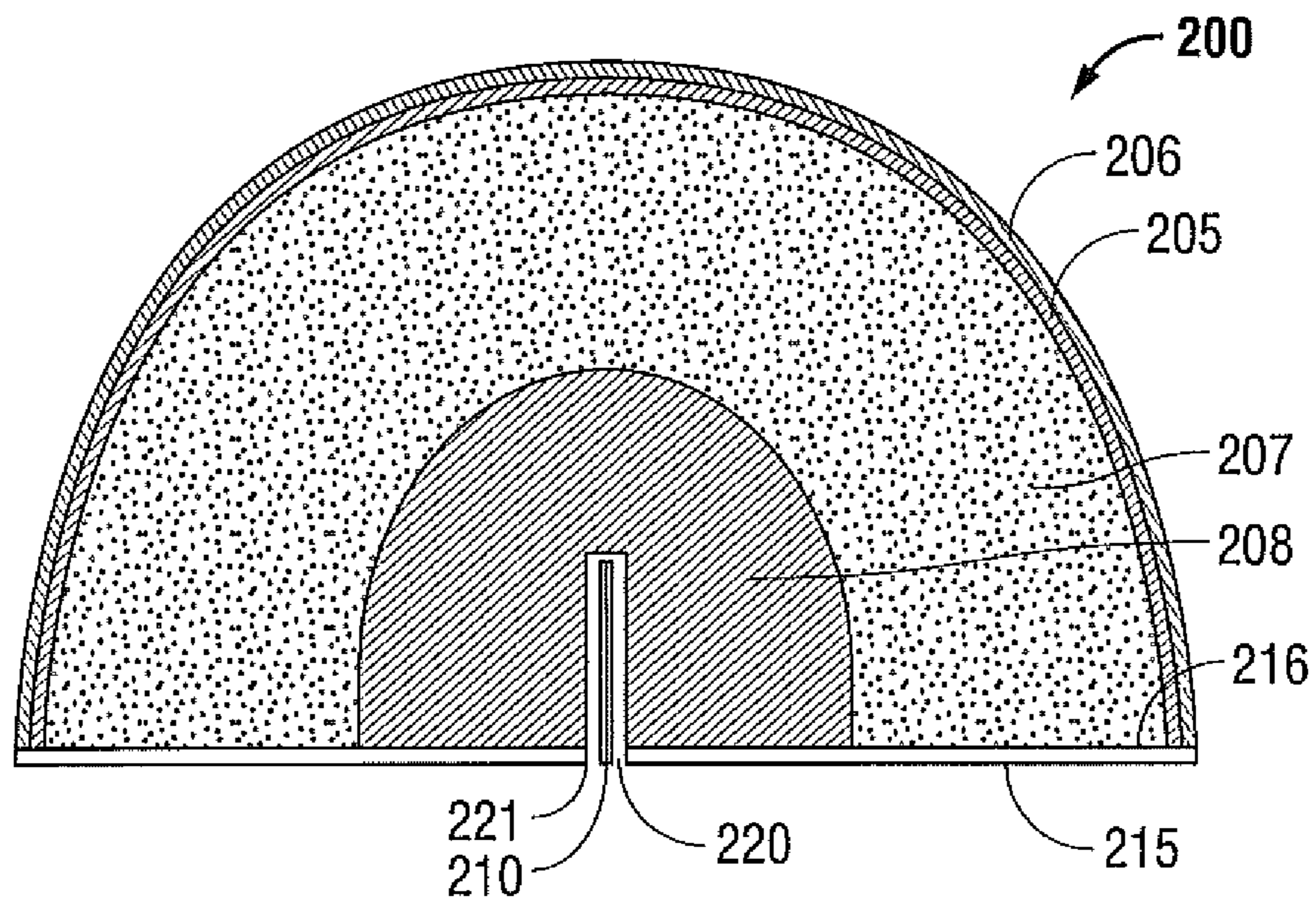


FIG. 8

A-A

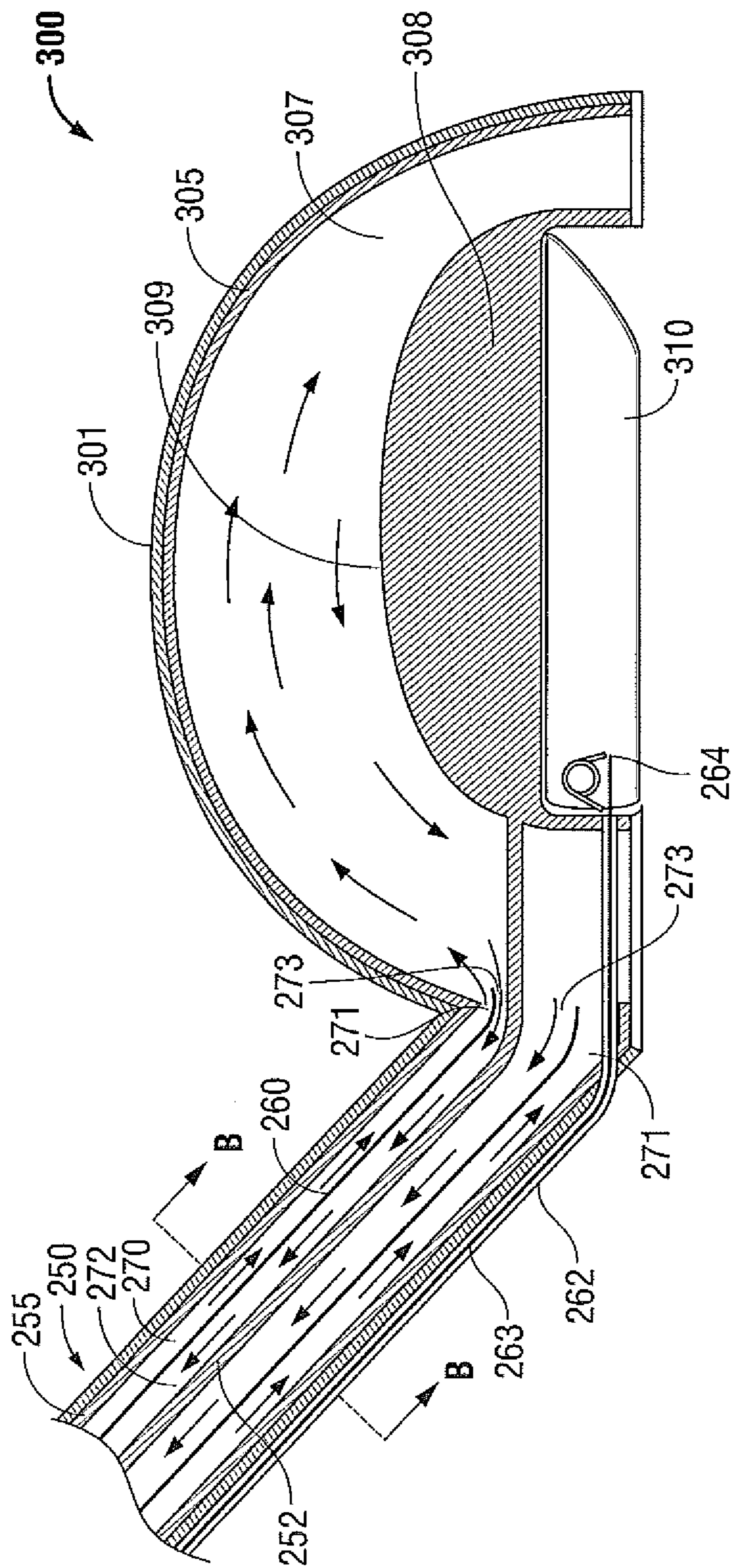


FIG. 9

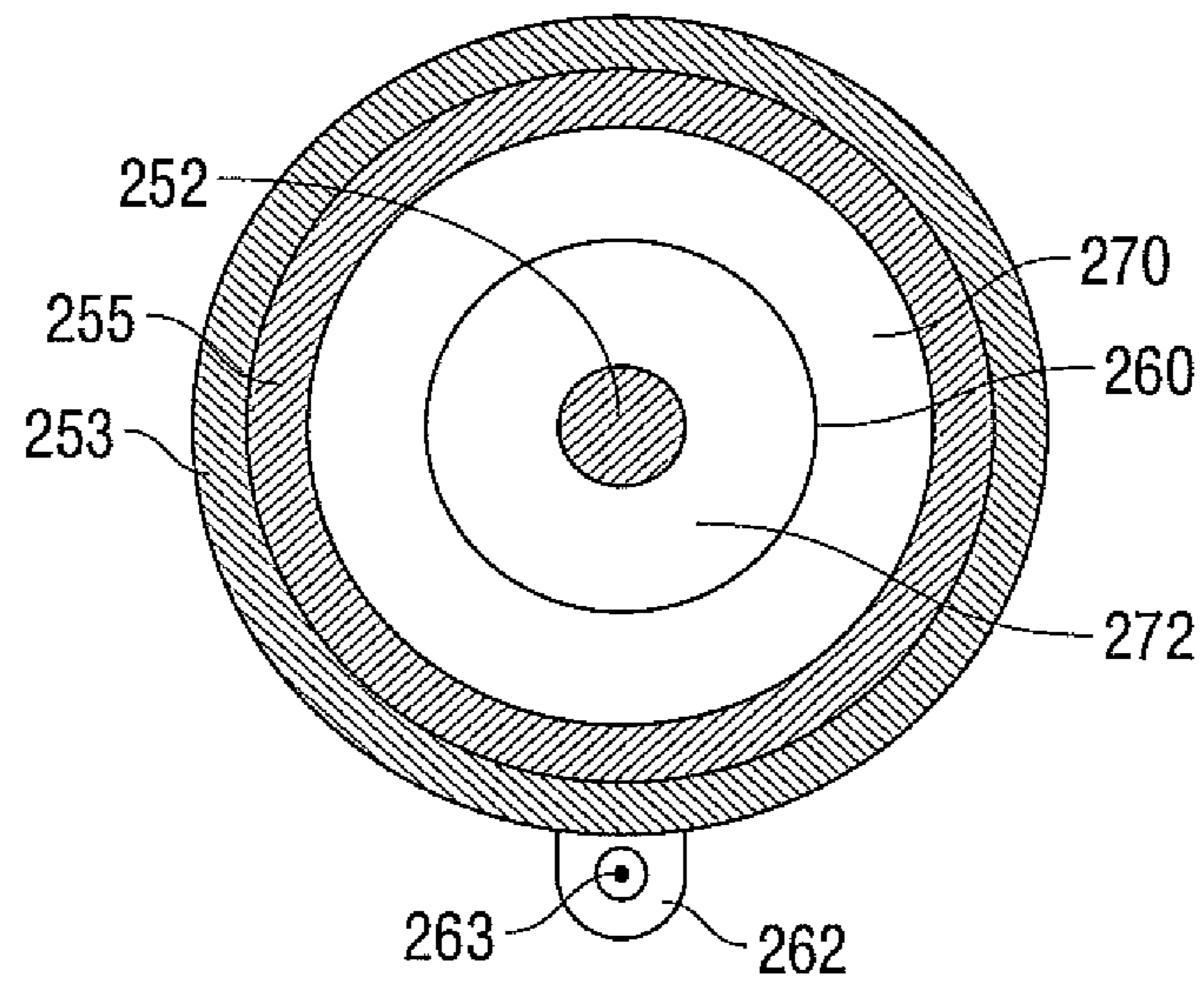


FIG. 10

B-B

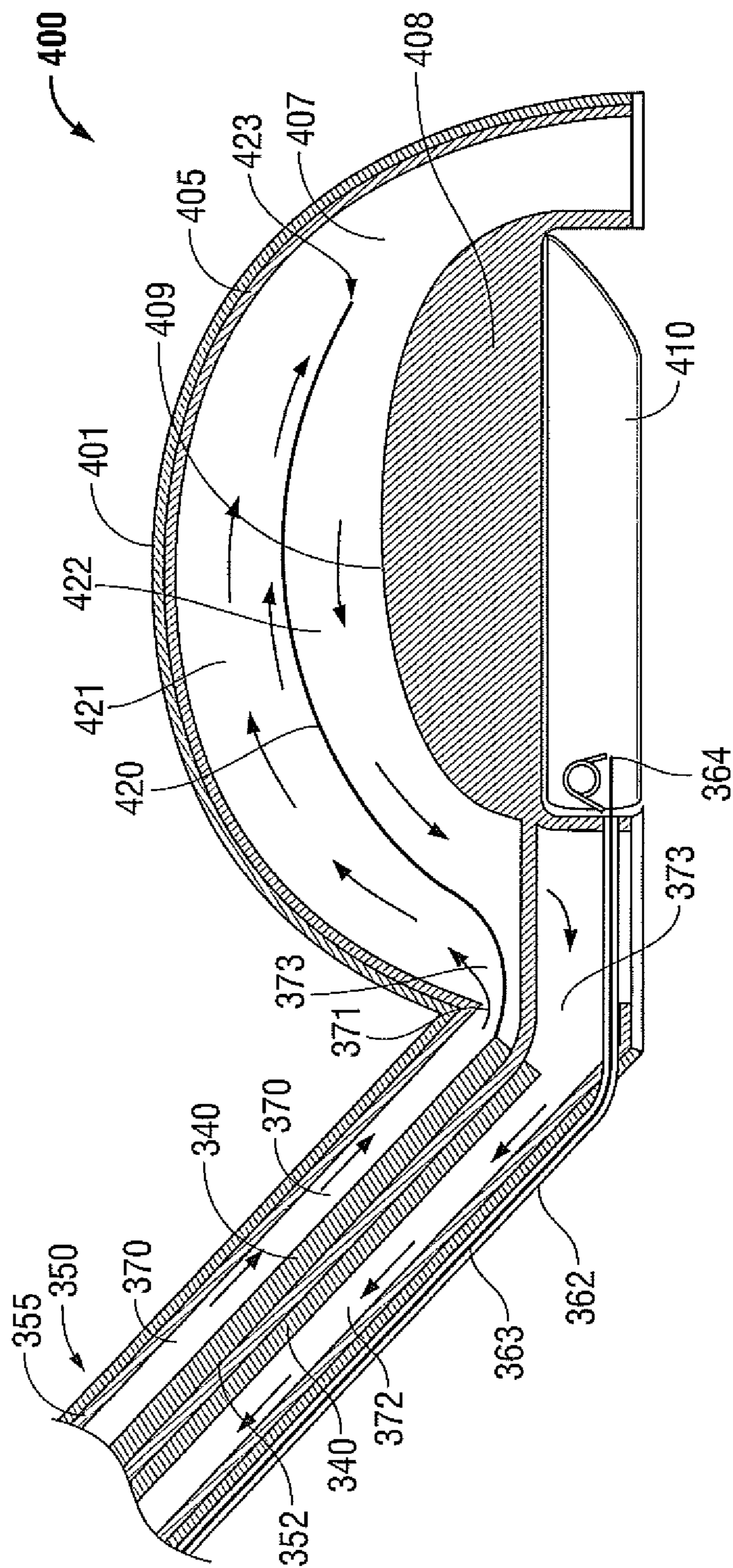


FIG. 11

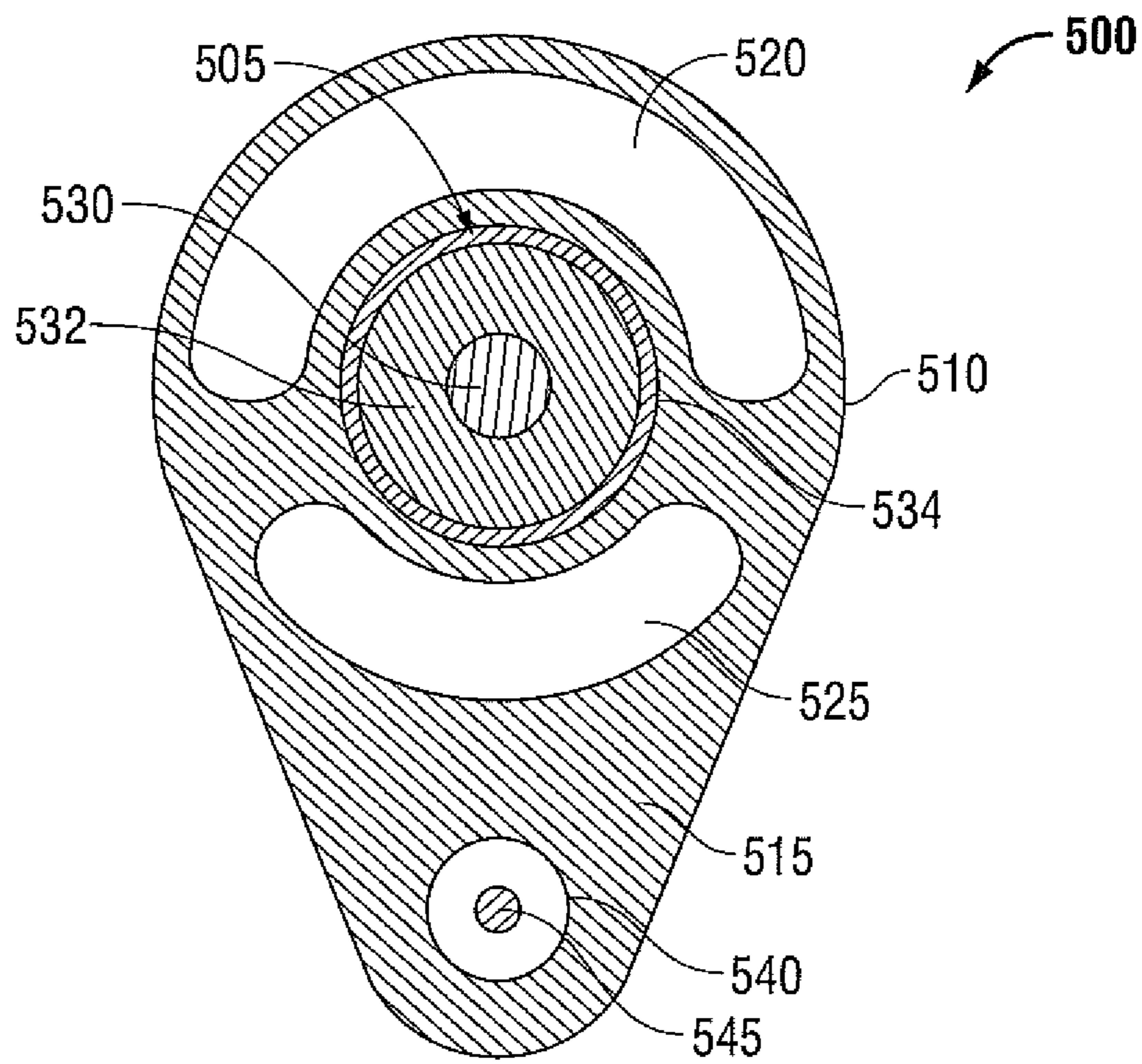


FIG. 12

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**MICROWAVE SURFACE COAGULATOR
WITH RETRACTABLE BLADE**

This application is a continuation of U.S. patent application Ser. No. 12/731,367, filed on Mar. 25, 2010, the entire contents of which are incorporated by reference herein.

BACKGROUND

1. Technical Field

The present disclosure relates to systems and methods for providing energy to biologic tissue and, more particularly, to an electrosurgical instrument for performing surface coagulation and dissection of biologic tissue.

2. Background of Related Art

Energy-based tissue treatment is well known in the art. Various types of energy (e.g., electrical, ultrasonic, microwave, cryogenic, thermal, laser, etc.) are applied to tissue to achieve a desired result. Electrosurgery involves application of high radio frequency electrical current to a surgical site to cut, ablate, coagulate or seal tissue. In monopolar electrosurgery, a source or active electrode delivers radio frequency energy from the electrosurgical generator to the tissue and a return electrode carries the current back to the generator. In monopolar electrosurgery, the source electrode is typically part of the surgical instrument held by the surgeon and applied to the tissue to be treated. A patient return electrode is placed remotely from the active electrode to carry the current back to the generator. In tissue ablation electrosurgery, the radio frequency energy may be delivered to targeted tissue by an antenna or probe.

There are several types of microwave antenna assemblies in use, e.g., monopole, dipole and helical, which may be used in tissue ablation applications. In monopole and dipole antenna assemblies, microwave energy generally radiates perpendicularly away from the axis of the conductor. Monopole antenna assemblies typically include a single, elongated conductor. A typical dipole antenna assembly includes two elongated conductors, which are linearly aligned and positioned end-to-end relative to one another with an electrical insulator placed therebetween. Helical antenna assemblies include a helically-shaped conductor connected to a ground plane. Helical antenna assemblies can operate in a number of modes including normal mode (broadside), in which the field radiated by the helix is maximum in a perpendicular plane to the helix axis, and axial mode (end fire), in which maximum radiation is along the helix axis. The tuning of a helical antenna assembly may be determined, at least in part, by the physical characteristics of the helical antenna element, e.g., the helix diameter, the pitch or distance between coils of the helix, and the position of the helix in relation to the probe assembly to which it is mounted.

The typical microwave antenna has a long, thin inner conductor that extends along the longitudinal axis of the probe and is surrounded by a dielectric material and is further surrounded by an outer conductor around the dielectric material such that the outer conductor also extends along the axis of the probe. In another variation of the probe that provides for effective outward radiation of energy or heating, a portion or portions of the outer conductor can be selectively removed. This type of construction is typically referred to as a "leaky waveguide" or "leaky coaxial" antenna. Another variation on the microwave probe involves having the tip formed in a uniform spiral pattern, such as a helix, to provide the necessary configuration for effective radiation. This variation can be used to direct energy in a particular direction, e.g., perpendicular to the axis, in a

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forward direction (i.e., towards the distal end of the antenna), or combinations thereof. In the case of tissue ablation, a high radio frequency electrical current in the range of about 500 MHz to about 10 GHz is applied to a targeted tissue site to create an ablation volume, which may have a particular size and shape. Ablation volume is correlated to antenna design, antenna tuning, antenna impedance and tissue impedance.

Certain surgical procedures require use of a cutting instrument, e.g., a scalpel or shears, to resect tumors and/or other necrotic lesions, which may necessitate severing one or more blood vessels and thus cause undesirable bleeding. Such bleeding may, in turn, obscure a surgeon's view of the surgical site and generally require the surgeon to attend to controlling the bleeding, rather than to the primary surgical objective(s). This, in turn, may lead to increased operative times and suboptimal surgical outcomes.

SUMMARY

The present disclosure is directed to a surgical instrument utilizing microwave energy for simultaneous coagulation and dissection of tissue. The instrument may be a handheld surgical device having an elongated shaft. The distal end of the shaft includes a directional microwave aperture having a selectively retractable blade adapted to dissect tissue. The proximal end of the shaft may include a handle and one or more actuators, e.g., a pushbutton adapted to activate the delivery of coagulation energy, and/or a handle adapted to control the position of a retractable scalpel, or cutting blade. Ablation energy is provided to the microwave aperture by a coaxial feed line disposed within the elongated shaft.

The microwave aperture may have a hemispherical shape, an elongated cup shape, a clamshell shape, a cylindrical shape, a rounded cylindrical shape, a parabolic shape, and/or various combinations thereof. The aperture includes metallic boundaries on all but one side, which may be an open bottom. A non-metallic bottom cover is fixed to the open bottom of the aperture and is formed from RF-transparent material. During use, the RF-transparent bottom cover is positioned at the operative site, and may be in contact with targeted tissue. Ablation energy is introduced into the interior region of the reflector, where it is directed through the bottom cover to coagulate tissue. The disclosed instrument also provides the ability to concurrently extend the cutting blade to resect and/or dissect the targeted tissue. The use of a retractable blade with the concurrent application of coagulation energy enables a surgeon to perform dissection using the blade, while simultaneously performing coagulation on the tissue, to control or eliminate bleeding at the operative site. Used in this manner, a surgical instrument in accordance with an embodiment of the present disclosure may reduce operative times, decrease risk factors, shorten recovery times, and improve patient outcomes.

Also disclosed is a surgical instrument comprising a housing having an actuator adapted to operably engage a proximal end of a pull wire. The instrument includes a shaft that extends distally from the housing to an aperture assembly at a distal end of the shaft. The shaft includes a coaxial feedline having an inner conductor, an outer conductor disposed coaxially about the inner conductor, a wire conduit disposed along a longitudinal axis of the shaft, and a pull wire disposed within the wire conduit. The pull wire includes a proximal end and a distal end, wherein the proximal end of the pull wire is operably coupled to the actuator. The instrument includes an aperture assembly coupled to a distal end of the shaft. The aperture assembly

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includes a reflector having a closed upper portion and an open lower portion, a radiating section disposed within the reflector and operably coupled to the inner conductor, a blade pivotably mounted within the reflector and pivotable between at least a closed position and an open position. The distal end of the pull wire is operably coupled to the blade to facilitate the extension and retraction thereof. A substantially planar bottom cover encloses the open lower portion of the reflector.

In embodiments, the instrument includes a generally tubular divider within the shaft that is concentrically disposed between the inner conductor and the outer conductor to form an inflow conduit and an outflow conduit. A distal opening of at least one of the inflow conduit and the outflow conduit are in fluid communication with an internal volume of the reflector. During use, a proximal end of the inflow conduit may be operably coupled to source of coolant for cooling the shaft and/or the aperture assembly. Coolant may be circulated from the source of coolant, distally through the inflow conduit in the shaft, into an internal volume of the reflector, proximally through the outflow conduit, and evacuated from the instrument.

Also disclosed is a surgical ablation system that includes a source of microwave ablation energy, and, optionally, a source of coolant, that is operably coupled to the aforesaid instrument.

BRIEF DESCRIPTION OF THE DRAWINGS

The above and other aspects, features, and advantages of the present disclosure will become more apparent in light of the following detailed description when taken in conjunction with the accompanying drawings in which:

FIG. 1 shows a diagram of an embodiment of an ablation system that includes an ablation instrument having a microwave aperture and a retractable blade in accordance with an embodiment of the present disclosure;

FIG. 2 shows a side view of an embodiment of a microwave aperture having a retractable blade in an extended position in accordance with an embodiment of the present disclosure;

FIG. 3 shows a side view of an embodiment of a microwave aperture having a retractable blade in a retracted position in accordance with an embodiment of the present disclosure;

FIG. 4 shows a distal view of an embodiment of a microwave aperture having a retractable blade in an extended position in accordance with an embodiment of the present disclosure;

FIG. 5 shows a bottom view of an embodiment of a microwave aperture having a retractable blade in an extended position in accordance with an embodiment of the present disclosure;

FIG. 6 shows a side, cutaway view of an embodiment of a microwave aperture having a retractable blade in a retracted position in accordance with an embodiment of the present disclosure;

FIG. 7 shows a side, cutaway view of an embodiment of a microwave aperture having a retractable blade in an extended position in accordance with an embodiment of the present disclosure;

FIG. 8 shows a distal, section view of an embodiment of a microwave aperture having a retractable blade in a retracted position in accordance with an embodiment of the present disclosure;

FIG. 9 shows a side, cutaway view of an embodiment of a liquid-cooled microwave aperture having a retractable

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blade in a retracted position in accordance with an embodiment of the present disclosure;

FIG. 10 shows a section view of an embodiment of a shaft having a coolant conduit in accordance with an embodiment of the present disclosure;

FIG. 11 shows a side, cutaway view of another embodiment of a liquid-cooled microwave aperture having a baffle in accordance with an embodiment of the present disclosure; and

FIG. 12 shows a section view of an embodiment of a shaft in accordance with the present disclosure.

DETAILED DESCRIPTION

Particular embodiments of the present disclosure are described hereinbelow with reference to the accompanying drawings; however, it is to be understood that the disclosed embodiments are merely examples of the disclosure, which may be embodied in various forms. Well-known functions or constructions and repetitive matter are not described in detail to avoid obscuring the present disclosure in unnecessary or redundant detail. Therefore, specific structural and functional details disclosed herein are not to be interpreted as limiting, but merely as a basis for the claims and as a representative basis for teaching one skilled in the art to variously employ the present disclosure in virtually any appropriately detailed structure.

In the drawings and in the descriptions that follow, the term “proximal,” as is traditional, shall refer to the end of the instrument that is closer to the user, while the term “distal” shall refer to the end that is farther from the user. In addition, as used herein, terms referencing orientation, e.g., “top”, “bottom”, “up”, “down”, “left”, “right”, “clockwise”, “counterclockwise”, and the like, are used for illustrative purposes with reference to the figures and features shown therein. It is to be understood that embodiments in accordance with the present disclosure may be practiced in any orientation without limitation.

Electromagnetic energy is generally classified by increasing energy or decreasing wavelength into radio waves, microwaves, infrared, visible light, ultraviolet, X-rays and gamma-rays. As it is used in this description, “microwave” generally refers to electromagnetic waves in the frequency range of 300 megahertz (MHz) (3×10^8 cycles/second) to 300 gigahertz (GHz) (3×10^{11} cycles/second). As it is used in this description, “ablation procedure” generally refers to any ablation procedure, such as microwave ablation, radio frequency (RF) ablation, or microwave ablation assisted resection. As it is used in this description, “transmission line” generally refers to any transmission medium that can be used for the propagation of signals from one point to another.

Various embodiments of the present disclosure provide electrosurgical devices operably associated with directional reflector assemblies for treating tissue and methods of directing electromagnetic radiation to a target volume of tissue. Embodiments may be implemented using electromagnetic radiation at microwave frequencies, or, at other frequencies. An electrosurgical system having an aperture assembly that includes an energy applicator operably associated with a directional reflector assembly, according to various embodiments, is configured to operate between about 300 MHz and about 10 GHz with a directional radiation pattern.

Various embodiments of the presently disclosed electrosurgical devices, directional reflector assemblies, thereto and electrosurgical system including the same are suitable for

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microwave ablation and for use to pre-coagulate tissue for microwave ablation assisted surgical resection. Although various methods described hereinbelow are targeted toward microwave ablation and the destruction and/or resection of targeted tissue, it is to be understood that methods for directing electromagnetic radiation may be used with other therapies in which the target tissue is partially destroyed, damaged, or dissected, such as, for example, to prevent the conduction of electrical impulses within heart tissue. In addition, the teachings of the present disclosure may apply to a dipole, monopole, helical, or other suitable type of microwave antenna.

FIG. 1 shows an ablation system 10 in accordance with an embodiment of the present disclosure. The ablation system 10 includes an ablation instrument 100 that is operably connected by a cable 15 to connector 16, which further operably connects instrument 100 to a generator assembly 20. Generator assembly 20 may be a source of ablation energy, e.g., microwave or RF energy in the range of about 915 MHz to about 10.0 GHz. Instrument 100 is adapted for use in various surgical procedures and generally includes a housing 25, a handle assembly 30, an ablation energy actuator 60, and a rotating assembly 70. Instrument 100 includes a shaft 150 having an aperture assembly 200 coupled to a distal end 151 of the shaft. A proximal end 152 of shaft 150 mechanically engages the housing 25. Aperture assembly 200 is configured to enable the simultaneous dissection and coagulation of tissue. Cable 15 may additionally or alternatively provide a conduit (not explicitly shown) configured to provide coolant from a coolant source 18 to ablation instrument 100.

Handle assembly 30 includes a proximal stationary handle 40 and a distal movable handle 45. Movable handle 45 is operably coupled to a retractable blade 210 to facilitate the selective extension and retraction of blade 210 with respect to aperture assembly 200. Blade 210 may include a cutting edge on a proximal edge thereof (as referenced with blade 210 in a fully extended position), on a distal edge thereof, and/or both edges thereof. Blade 210 may additionally or alternatively include serrations, saw teeth, or other cutting instrumentalities. In an embodiment, blade 210 may include a scissors, bypass cutter, or anvil cutter, which may be extended and retracted by a first actuator and pull wire combination, and actuated for cutting by a second actuator and pull wire combination.

An ablation energy actuator 60 is operably coupled to generator 20 to enable a user, e.g., a surgeon, to selectively activate and de-activate the delivery of ablation energy to patient tissue. Rotating assembly 70 is operably coupled to a proximal end 152 of shaft 150 to facilitate the rotation of shaft 150 about the longitudinal axis "A" thereof, thereby facilitating the rotation of aperture assembly 200, which enables a user, e.g., a surgeon, to position aperture assembly 200 in varying orientations to accommodate surgical requirements.

FIGS. 2-5 show an embodiment of an ablation instrument 100 having a shaft assembly 150 and an aperture assembly 200 disposed at the distal end 151 of the shaft 150. In the illustrated embodiment, the aperture assembly 200 is generally hemispherical in shape, having a closed upper portion 201, and an open bottom portion 202 having a substantially planar shape. While, as shown, upper portion 201 of aperture assembly 200 is generally hemispherical in shape, other shapes are contemplated without departing from the spirit and scope of the present disclosure, including without limitation, a generally elongated hemispherical shape, a gener-

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ally clamshell shape, a generally semicylindrical shape, a generally parabolic shape, and/or a generally conical shape.

Shaft assembly 150 includes a coaxial feedline 153 having in an inner conductor 152, a dielectric 160 coaxially disposed about the inner conductor 152 and an outer conductor 155 coaxially disposed about the dielectric 160. Inner conductor 152 and outer conductor 155 may be formed from any suitable heat-resistant metallic material, including without limitation stainless steel. At a distal end 151 of the shaft assembly 150, the inner conductor 152 extends beyond the outer conductor 155 and is operably coupled to a radiating section 208. The outer conductor 155 is operably joined at a distal end 151 of shaft assembly 150 to a reflector 205. In embodiments, the reflector 205 may be joined to outer conductor 155 such that the horizontal axis "B" of aperture assembly 200 is angled with respect to the longitudinal axis "A" of shaft 150, as shown. The angular offset "C" between shaft assembly 150 and aperture 200 may provide improved ergonomics and ease the manipulation of the instrument 100 during use. Outer conductor 155 is electromechanically joined to reflector 205 at a junction 207. Outer conductor 155 and reflector 205 may be joined by any suitable manner of attachment, including without limitation, welding, brazing, and/or threaded coupler. In an embodiment, outer conductor 155 and reflector 205 may be integrally formed.

A generally planar radiofrequency-transparent bottom cover 215 is disposed on open bottom 202 of reflector 205. Bottom cover 215 is fixed to reflector 205 along a bottom perimeter 203 thereof using any suitable manner of fixation, e.g., adhesive, mechanical crimp, retaining collar (not explicitly shown), threaded fasteners, rivets, and injection overmolding. Bottom cover 215 may be formed from any suitable heat-resistant material that is transparent to microwave or RF energy in the operating range of about 915 MHz to about 10.0 GHz, such as without limitation, polymeric materials, polyglass composite (e.g., fiberglass), carbon fiber, and the like. An opening 220 is defined within bottom cover 202 and is dimensioned to permit blade 210 to extend therethrough. As shown, opening 220 has an elongated rectangle shape; however, opening 220 may have any shape suitable to accommodate the extension and retraction of blade 210.

With reference to FIGS. 6, 7, and 8, blade 210 is disposed within a cavity 221 defined within the radiating section 208. Blade 210 is pivotably mounted about a transversely-oriented pivot pin 166 disposed the radiating section 208, the reflector 201, or a dielectric region 207, and is movable between a closed, or retracted position as shown in FIG. 6, and an open, or extended position as seen in FIG. 7. Blade 210 may be formed from any suitable metallic or non-metallic material, including without limitation, stainless steel, ceramic, or polymeric materials. In an embodiment, blade 210 is formed from polyether ether ketone (PEEK).

A biasing member 165 is configured to bias blade 210 toward a closed position. As shown, biasing member 165 may be a V-spring, having a coil base coaxially positioned on pin 166, a first movable leg joined to blade 210 at a blade mounting point 168 and a second stationary leg that bears against a stationary mounting point 167 such that blade 210 is biased toward a closed position, e.g., counterclockwise as seen in FIGS. 6 and 7. It should be understood that the biasing member 165 disclosed herein is not limited to a V-spring, and may include any suitable source of biasing force, including without limitation a coil spring, a leaf spring, a gas spring, a pressure- or vacuum-actuated device, an elastomeric spring, magnetic or electromagnetic devices, a shape memory alloy motor, and other sources of biasing

force as will be familiar to the skilled practitioner. Additionally or alternatively, the biasing member **165** may be integrally formed with, for example, blade **210**, radiating section **208**, etc.

In the example embodiment depicted in FIGS. **6**, **7**, and **8**, blade **210** is deployed (e.g., opened or extended) using a pull wire arrangement. A pull wire **163** extends within a wire conduit **162**, having a proximal end that is operably coupled to an actuator (not explicitly shown) included in the instrument housing **25**, and a distal end that is coupled to blade **210** at a mounting point **164**. As shown, wire conduit **162** is routed within shaft assembly **150**; however, the wire conduit may be routed externally of the shaft assembly, e.g., along a surface of shaft assembly, as shown in the embodiment depicted in FIGS. **9** and **10**.

During use, a surgeon may deploy blade **210** by actuating a control, e.g., handle **45**, trigger **50**, etc., that is operably associated with pull wire **163** and configured to draw pull wire **163** in a proximal direction upon actuation. The proximal motion of pull wire **163** is translated to a downward pivoting motion of blade **210**, overcoming the biasing force of biasing member **165** and causing blade **210** to swing downward into an extended position as best seen in FIG. **7**. In an embodiment, the actuator may include a locking mechanism (not explicitly shown) that engages when blade **210** reaches an open position and that retains blade **210** in the open position until unlocked. Conversely, to close the blade **210**, a surgeon may release or relax the control, e.g., handle **45**, which, in turn, allows the biasing force of biasing member **165** to return blade **210** to its resting, e.g., closed position. Pull wire **163** may be drawn distally as blade **210** rotates to a rest position as best seen in FIG. **6**.

While the example embodiments herein illustrate a pull wire actuation mechanism, other suitable actuation mechanisms may be utilized without departing from the spirit and scope of the present disclosure, including without limitation, rod actuation, shaft actuation, gear actuation, hydraulic actuation, electromechanical actuation, shape memory alloy actuation, thermal expansion actuation, and the like.

Aperture assembly **200** includes a dielectric region **207** that is generally contained within a volume defined by the interior of reflector **205**, an upper surface **209** of radiating section **208**, and an upper surface **216** of bottom cover **215**. Any suitable heat-resistant material having dielectric (e.g., electrically non-conductive) properties may be utilized to form dielectric region **207**, including without limitation, polymeric material and/or ceramic material. In embodiments, dielectric region **207** may include two or more dielectric layers. In yet other embodiments, dielectric region **207** may include liquid, such as water.

Shaft **150** and/or aperture **200** may include a lubricious coating **153**, **201**, respectively, on an outer surface thereof, that may reduce the undesirable adhesion of biomaterials thereto. Coating **153** and/or coating **201** may be formed from any suitable biocompatible and heat-resistant lubricious material, such as without limitation, polytetrafluoroethylene (a.k.a. PTFE or Teflon®, manufactured by the E.I. du Pont de Nemours and Co. of Wilmington, Del., USA), polyethylene tephthalate (PET), chemical vapor deposited poly(p-xylylene) polymer (e.g., parylene), and the like.

In another example embodiment best illustrated in FIGS. **9** and **10**, an aperture assembly **300** includes a liquid-cooling dielectric chamber **307**. A shaft **250** includes an inner conductor **252** that is electromechanically operably coupled at a distal end thereof to a radiating section **308** and an outer conductor **255** that is electromechanically coupled to a reflector **305**. Shaft **250** includes a generally tubular divider

260 that is concentrically disposed between inner conductor **252** and outer conductor **255**, and having a radius dimensioned to form an inflow conduit **270** and an outflow conduit **272**. To accommodate the balanced distribution of coolant flow into and out of dielectric chamber **307**, the cross sectional area of inflow conduit **270** and outflow conduit **272** may be about equal in size. Inflow conduit **270** includes an open distal end **271** that is configured to deliver coolant fluid to dielectric chamber **307**. Inflow conduit **270**, at a proximal end thereof (not explicitly shown), may be in fluid communication with a coolant source **18**, such as without limitation a coolant pump or drip bag. Any suitable medium may be used as a coolant. In embodiments, deionized water, sterilized water, or saline may be used as a coolant. In one aspect, the coolant may have dielectric properties that may provide improved ablation volume and shape, and/or may provide improved impedance matching between the aperture **300** and tissue.

During use, coolant flows distally through inflow conduit **270** and is introduced into dielectric chamber **308** at an open distal end **271** of inflow conduit **270**, whereupon coolant circulates through dielectric chamber **308** and exits dielectric chamber **308** through an open distal end **273** of outflow conduit **272**. A fluid evacuation pump (not explicitly shown) operably coupled to a proximal end of outflow conduit **272** may be employed to assist the evacuation of coolant from dielectric chamber **208**. In embodiments, the relative positions of inflow conduit **270** and outflow conduit **272** may differ from that described hereinabove, e.g., reversed (outflow conduit **272** may be defined coaxially around inflow conduit **270**), or defined by one or more longitudinal ribs extending from inner conductor **252** to outer conductor **255**, without departing from the spirit and scope of the present disclosure.

A pull wire **263** extends within a wire conduit **262**, and includes a proximal end that is operably coupled to an actuator (not explicitly shown) operatively associated with the instrument housing **25**, and a distal end that is coupled to blade **210** at a mounting point **264**. As shown, wire conduit **262** is routed along a surface of shaft assembly **250**, however, a wire conduit may be routed within shaft assembly **250**, e.g., as shown in the FIG. **6** embodiment.

Another embodiment in accordance with the present disclosure is presented in FIG. **11**. An aperture assembly **400** includes a liquid-cooling dielectric chamber **407** having a baffle **420** disposed therein. Baffle **420** is configured to define an inflow dielectric region **421** and an outflow dielectric region **422** within dielectric region **407**. A shaft **350** includes an inner conductor **352** that is electromechanically operably coupled at a distal end thereof to a radiating section **408** and an outer conductor **355** that is electromechanically coupled to a reflector **405**. Shaft **350** includes an inflow conduit **370** and an outflow conduit **372** defined therein along a longitudinal axis thereof. A dielectric **340** is coaxially disposed about inner conductor **352** and extends distally to dielectric chamber **407**. Baffle **420** is joined at a proximal end thereof to dielectric **340**. Baffle **420** and dielectric **340** may be joined by any suitable manner of attachment, including without limitation adhesive, welding, threaded coupling, crimping, and/or overmolding. In an embodiment, baffle **420** and dielectric **340** may be integrally formed. During use, coolant may be delivered from a source of coolant (not explicitly shown) via inflow conduit **370** into an inflow dielectric region **421** of dielectric chamber **407**. Coolant may flow within chamber **407** in a generally distal direction within inflow dielectric region **421**, to a distal end **423** of baffle **420**, in a generally proximal direction within outflow

dielectric region **422**, and proximally through outflow conduit **372**. Coolant may additionally or alternatively be circulated in a reverse-flow manner, e.g., introduced into outflow region **422** via outflow conduit **372**, flowing distally within outflow conduit **372** toward a distal end **423** of baffle **420**, then flowing proximally through inflow region **421** and inflow conduit **370**.

Yet another embodiment of a shaft **500** in accordance with the present disclosure is illustrated in the cross-sectional view of FIG. **12**. Shaft **500** includes a solid body **515** which may be formed from any suitable high strength, heat resistant material, including without limitation stainless steel, fiber-reinforced plastic, carbon fiber, fiberglass-epoxy composite, and the like. Shaft **500** includes a first fluid conduit **520** and a second fluid conduit **525** defined therethrough along a longitudinal axis of the shaft **500**. First fluid conduit **520** and/or second fluid conduit **525** may be adapted to circulate a coolant from a source of coolant (not explicitly shown), within the shaft **500**, and/or within an aperture assembly as disclosed herein. As shown, first fluid conduit **520** and/or second fluid conduit **525** have a generally arcuate cross section, however it is contemplated within the scope of the present disclosure that first fluid conduit **520** and/or second fluid conduit **525** may include any suitable cross-sectional shape. Shaft **500** includes a wire conduit **540** defined therethrough along a longitudinal axis thereof that is dimensioned to accommodate a pull wire **545** disposed therein. Pull wire **545** may be configured to actuate a retractable blade assembly as disclosed herein.

Shaft **500** includes a coaxial feedline **505** disposed along a longitudinal axis of the shaft **500**. Coaxial feedline **505** includes an inner conductor **530**, a dielectric **532** coaxially disposed about the inner conductor **530**, and an outer conductor **534** coaxially disposed about the dielectric **532**.

The described embodiments of the present disclosure are intended to be illustrative rather than restrictive, and are not intended to represent every embodiment of the present disclosure. It is to be understood that the steps of a method provided herein may be performed in combination and/or in a different order than presented herein without departing from the scope and spirit of the present disclosure. Further variations of the above-disclosed embodiments and other features and functions, or alternatives thereof, may be made or desirably combined into many other different systems or applications without departing from the spirit or scope of the disclosure as set forth in the following claims both literally and in equivalents recognized in law.

What is claimed is:

1. An aperture assembly for an ablation instrument, comprising:

a reflector having a closed hemispherical-shaped upper portion and an open lower portion, the reflector configured to reflect ablation energy in a direction oriented away from the upper portion and toward the lower portion;

an antenna at least partially disposed within the reflector and configured to emit ablation energy; and

a blade at least partially disposed within the reflector and configured for cutting tissue, wherein the blade is pivotable relative to the reflector between a closed position and an open position.

2. The aperture assembly according to claim **1**, wherein a first end of the blade and a second end of the blade are disposed within the reflector when the blade is in the closed position, and the second end of the blade extends out of the reflector when the blade is in the open position.

3. The aperture assembly according to claim **2**, further comprising a biasing member coupled to a proximal end of the blade and configured to bias the blade toward the closed position.

4. The aperture assembly according to claim **1**, further comprising a bottom cover enclosing the open lower portion of the reflector.

5. The aperture assembly according to claim **4**, wherein the bottom cover has an opening defined therein configured to permit the blade to extend therethrough.

6. The aperture assembly according to claim **4**, wherein the bottom cover is constructed from a radiofrequency-transparent material.

7. The aperture assembly according to claim **4**, wherein the bottom cover is planar.

8. The aperture assembly according to claim **1**, further comprising a lubricious coating disposed on an outer surface of the closed hemispherical-shaped upper portion of the reflector.

9. The aperture assembly according to claim **8**, wherein the lubricious coating is formed from a material selected from the group consisting of polytetrafluoroethylene, polyethylene tephthalate, and parylene.

10. The aperture assembly according to claim **1**, further comprising a dielectric region defined between an inner surface of the closed hemispherical-shaped upper portion of the reflector and the antenna.

11. The aperture assembly according to claim **10**, wherein the dielectric region is a liquid-cooling dielectric chamber having a baffle disposed therein.

12. The aperture assembly according to claim **11**, wherein the baffle defines an inflow dielectric region and an outflow dielectric region.

13. A surgical instrument, comprising:

a handle assembly including a movable handle;

a shaft assembly extending distally from the handle assembly and including:

a feedline; and

a pull wire having a proximal end coupled to the movable handle and a distal end; and

an aperture assembly including:

a reflector coupled to a distal end of the shaft assembly and having a closed hemispherical-shaped upper portion and an open lower portion, the reflector configured to reflect ablation energy in a direction oriented away from the upper portion and toward the lower portion;

an antenna coupled to the feedline and disposed at least partially within the reflector, the antenna configured to emit ablation energy toward tissue; and

a blade at least partially disposed within the reflector and configured for cutting tissue, wherein the distal end of the pull wire is coupled to the blade such that actuation of the movable handle pivots the blade relative to the reflector between a closed position and an open position.

14. The surgical instrument according to claim **13**, wherein a first end of the blade and a second end of the blade are disposed within the reflector when the blade is in the closed position, and the second end of the blade extends out of the reflector when the blade is in the open position.

15. The surgical instrument according to claim **13**, wherein the aperture assembly further includes a bottom cover enclosing the lower portion of the reflector.

16. The surgical instrument according to claim **13**, wherein the aperture assembly further includes a dielectric

region defined between an inner surface of the upper portion of the reflector and the antenna.

17. The surgical instrument according to claim 16, wherein the dielectric region is a liquid-cooling dielectric chamber having a baffle disposed therein.

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18. The surgical instrument according to claim 17, wherein the baffle defines an inflow dielectric region and an outflow dielectric region.

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